

<b>DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (37 CFR 1.63)</b>		Attorney Docket Number	6741P089
		First Named Inventor	Claus Gschiermeister
		<b>COMPLETE IF KNOWN</b>	
<input type="checkbox"/> Declaration Submitted with Initial Filing	<b>OR</b> <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)	Application Number	10/562,380
		Filing Date	December 23, 2005
		Art Unit	Unknown
		Examiner Name	Not Yet Assigned

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below, next to my name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

<b>CHANGE NOTIFICATION AGENT</b>
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the specification of which *(Title of the Invention)*

☐ is attached hereto.

OR

☒ was filed on (if applicable):

or 12/23/2005 as United States Application Number 10/562,380  
as PCT International Application Number

and was amended on \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim(s), as amended by any amendment specifically referred to above.

I do not know and do not believe that the claimed invention was ever known or used in the United States of America before my invention thereof, or patented or described in any printed publication in any country before my invention thereof or more than one year prior to this application. I do not know and do not believe that the claimed invention was in public use or on sale in the United States of America more than one year prior to this application, nor do I know or believe that the invention has been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months (for a utility patent application) or six months (for a design patent application) prior to this application.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, or inventor's or plant breeder's rights certificate(s), or 385(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed.

**Prior Foreign Application(s):**

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
04107055.6	Europe	12/28/2004	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Appointment of Practitioners:**

I hereby appoint the practitioners associated with Customer Number: **45062** as my respective patent attorneys and patent agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected herewith.

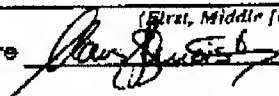
If this patent application is assigned, then the undersigned hereby authorizes the patent attorneys and patent agents named herein to accept and follow instructions from the assignee(s) as to any action to be taken in the United States Patent and Trademark Office regarding this application without direct communication between the patent attorneys and patent agents and the undersigned. In the event of a change in the persons from whom instructions may be taken, at least one patent attorney or patent agent named herein will be so notified by the undersigned.

**Correspondence:**

Direct all correspondence to Customer Number **08791**.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:** ☐ A petition has been filed for this undersigned inventor

Full Name: Claus Gschlermeister  
(First, Middle (if any), Family Name (or Surname), and Suffix (if any))  
 Inventor's Signature:  Date: 15.03.2006  
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NAME OF SECOND INVENTOR: ☐ A petition has been filed for this undersigned inventor

Full Name: Gabriel Alvarez  
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NAME OF THIRD INVENTOR: ☐ A petition has been filed for this undersigned inventor

Full Name: Dominic Poelschke  
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NAME OF FOURTH INVENTOR: ☐ A petition has been filed for this undersigned inventor

Full Name: Gregor Rieken  
(First, Middle (if any), Family Name (or Surname), and Suffix (if any))  
Inventor's Signature [Signature] Date 15.03.2006  
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NAME OF FIFTH INVENTOR: ☐ A petition has been filed for this undersigned inventor

Full Name: \_\_\_\_\_  
(First, Middle (if any), Family Name (or Surname), and Suffix (if any))  
Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
(City, State, Country) (Country)  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_